

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DUSTIN SHEELER QN-9150 :

Full Name of Plaintiff Inmate Number :

v. :

CHERRY :

Name of Defendant 1 :

WARHOLIC :

Name of Defendant 2 :

S. McCORKLE :

Name of Defendant 3 :

J. RIVELLO :

Name of Defendant 4 :

Name of Defendant 5 :

(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).

Civil No. 3:24-cv-0326
(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial
☐ No Jury Trial Demand

**FILED
SCRANTON**

FEB 23 2024

Per AMO
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

SNEELER, DUSTIN
Name (Last, First, MI)
DN-9150
Inmate Number
SCI-HUNTINGDON
Place of Confinement
1100 PIKE STREET
Address
HUNTINGDON, PA 16652
City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

CHERRY, UNKNOWN
Name (Last, First)
MAT PROGRAM COUNSELOR
Current Job Title
1100 PIKE ST.
Current Work Address
HUNTINGDON, PA 16652
City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

WHERE: SCI-HUNTINGDON 1100 PIKE ST. HUNTINGDON, PA 16654
WHEN: SEPTEMBER 19, 2022

B. On what date did the events giving rise to your claim(s) occur?

SEPTEMBER 15, 2022

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I WAS DENIED THE MAT PROGRAM (MEDIATED ASSISTANT TREATMENT) BY ALL FOUR DEFENDANTS (CHERRY, WARHOLIC, S. M'CORKE AND J. RIVELLO). I WAS TOLD BY SCI-SMITHFIELD I WOULD BE ELIGIBLE FOR SUBLOCATE INJECTIONS DUE TO MY PREVIOUS ENROLLMENT IN THE MAT PROGRAM IN PHILADELPHIA COUNTY. HOWEVER, ONCE I WAS AT SCI-HUNTINGDON I WAS DENIED SAID PROGRAM BY MAT COUNSELOR CHERRY AND WARHOLIC. DEFENDANT S. M'CORKE AND DEFENDANT J. RIVELLO UPHOLD THE DECISIONS TO NOT ALLOW ME TO PARTICIPATE IN THE MAT PROGRAM.

I EXHAUSTED ALL MY ADMINISTRATIVE APPEALS AND GRIEVANCES.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

I HAVE A RIGHT TO ADEQUATE MEDICAL CARE WHILE INCARCERATED UNDER THE EIGHTH AMENDMENT. ALL FOUR DEFENDANTS HAVE SHOWN "DELIBERATE INDIFFERENCE" TO A SERIOUS MEDICAL NEED. DEFENDANTS KNOWINGLY FAILED OR REFUSED TO PROVIDE PLAINTIFF WITH TREATMENT OR DELAYED TREATMENT. SAID DEFENDANTS ARE AWARE I WAS PREVIOUSLY ENROLLED IN THE MAT PROGRAM AT PHILADELPHIA COUNTY AND ARE AWARE OF MY "OPIOD USE DISORDER" ("OUD") AND THE SYMPTOMS OF WITHDRAWAL ARE A VERY SERIOUS MEDICAL NEED. THUS, THIS VIOLATES THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION. THIS ALSO VIOLATES THE AMERICANS WITH DISABILITIES ACT ("ADA") DUE TO "OUD" BEING AN IMPAIRMENT.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

MENTAL & EMOTIONAL INJURY, PHYSICAL INJURY FROM CONSTANT WITHDRAWAL AND PAIN AND SUFFERING.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

INJUNCTION: ALLOWING ME TO RECEIVE SUBLOCODE SHOTS
DECLARATION: THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN
VIOLATE PLAINTIFF'S RIGHTS UNDER THE CONSTITUTION.

COMPENSATORY DAMAGES IN THE AMOUNT OF \$50,000 AGAINST EACH DEFENDANT, JOINTLY AND SEVERALLY. \$50,000 IN PUNITIVE DAMAGES.

A JURY TRIAL ON ALL ISSUES TRIABLE BY JURY.
SEEKS RECOVERY OF HIS COST IN THIS SUIT.

ANY ADDITIONAL RELIEF THIS COURT DEEMS JUST, PROPER, AND EQUITABLE.


VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



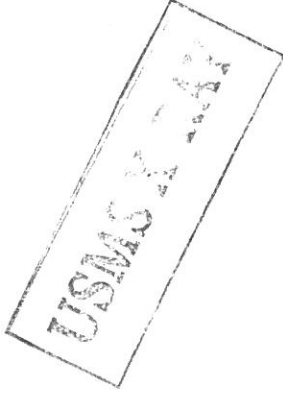
Date

DUSTIN SHEELER
#QN-9150
SCI-HUNTINGDON
1100 PIKE STREET
HUNTINGDON, PA 16654

RECEIVED
WILKES BARRE
FEB 23 2024

PER _____

LEGAL MAIL
INMATE MAIL
PA DEPARTMENT
OF CORRECTIONS



UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
MAX ROSEN U.S. COURTHOUSE
197 SOUTH MAIN STREET
WILKES-BARRE, PA 18701

